

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 OF 363

(check only one)

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NEVER BACK DOWN, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HAYES, JOHN, , ,

Mailing Address 1549 PONCE DE LEON DRIVE

City
FORT LAUDERDALEState
FLZip Code
33316-1323FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HAYES LOCUMSOccupation (for Individual)
CEO/HEALTHCARE STAFFING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 16 / 2023

Transaction ID : SA11A.106

Amount of Each Receipt this Period

50000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOLM, DIANE, , ,

Mailing Address 1211 COLLEGE POINT

City
WINTER PARKState
FLZip Code
32789-5729FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HOMEMAKEROccupation (for Individual)
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

61800.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 16 / 2023

Transaction ID : SA11A.101

Amount of Each Receipt this Period

61800.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TOMAINO, NICHOLAS, N., ,Mailing Address 930 TAHOE BLVD
STE 802 PMB 35City
INCLINE VILLAGEState
NVZip Code
89451-9488FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
1CONFIRMATION GLOBAL, LLCOccupation (for Individual)
FOUNDER/GENERAL PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 16 / 2023

Transaction ID : SA11A.108

Amount of Each Receipt this Period

100000.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

211800.00